

ROUTING AND TRANSMITTAL SLIP

Date

7/28

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1.

Ellen Greeney

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Need commented in two
weeks, Friday.
Any problem, pls call

In typing

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Roth. I. Zracl.

Room No.—Bldg.

Phone No.

6421

5041-102

★ U.S.GPO:1935-0-461-274/20022

OPTIONAL FORM 41 (Rev. 7-78)

Prescribed by GSA

FPMR (41 CFR) 101-11.206

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